

Funeral Home Transfers

Introduction

Description

This policy sets out the administrative procedure for the transfer of a deceased Client from the Client's Care Facility to the appropriate Funeral Provider. This transfer should occur as soon after a death as possible, to ensure the respect and dignity of the Client, and to ensure the wellbeing of all Care Facility Clients.

This policy aims to ensure that up-to-date information is available at Care Facility that can be provided to Funeral Providers to expedite the Funeral Provider's ability to obtain authorization from the appropriate contact for the pick-up and transfer of a deceased Client, as required by section 5 of the *Cremation, Interment and Funeral Services Act* (the "CIFSA") (Appendix A).

Scope

This policy template can be applied in all BCCPA Residential Care, Assisted Living and Supported Housing Sites.

Policy

On Admission or During Care Planning

- 2.1.1. As soon after admission of a new Client as is practical, a conversation will occur between the Client (and/or Client's family where necessary or desired by the Client), and the most appropriate person on the Client's care team about the Client's after death wishes.
- 2.1.2. Where possible, a Contact Plan (Appendix B) will be completed and will include:
 - (i) A hierarchical list of nearest relatives who are to be contacted following a death, which should include the following (where they exist):
 - i. The personal representative named in the Client's will (if any exists);
 - ii. The spouse of the Client;
 - iii. The adult child(ren) of the Client;
 - iv. The adult grandchild(ren) of the Client;
 - v. The parent(s) of the Client

And may contain the following, where appropriate:

- i. The adult sibling(s) of the Client;
 - ii. The adult nephew(s) and/or niece(s) of the Client;
 - iii. Any other adult next of kin of the Client; or
 - iv. Any other adult that has a personal or kinship relationship with the Client, that the Client or Client's family would like included on the list.
 - (ii) Contact information for each relative listed;

- (iii) The Funeral Provider that will be providing funeral services for the deceased Client;
- (iv) Contact information for the specified Funeral Provider; and
- (v) An acknowledgement by the Client or Client's family member that a representative of the Care Facility may be considered as an adult who has a personal or kinship relationship with the client, in the case where no other family or near next of kin is available, for the purpose of authorizing the named Funeral Provider to pick-up and transfer the deceased Client to the funeral home, as per section 5 of CIFSA.

2.1.3. In the event that the Client has no contact available from the CIFSA list and the Office of the Public Guardian and Trustee (OPGT) is administering the deceased resident's estate under the *Wills, Estates and Succession Act*, the care facility will contact the OPGT.

2.1.4. In the event that the Client has no contact available from the CIFSA list but the Office of the Public Guardian and Trustee (OPGT) is not administering the deceased resident's estate under the *Wills, Estates and Succession Act*, the care facility will contact the Ministry of Social Development and Social Innovation (toll-free number 1-866-866-0800).

At Time of Death

2.2.1. Where the Client's family can be immediately contacted:

- (i) The Care Facility will inform the authorized contact named in the Contact Plan of the Client's death, and request that they contact the Funeral Home to arrange for transfer of the deceased. If the first contact on the list is unavailable, the Care Facility will move through the list in order until an authorized contact is informed.
- (ii) If the authorized contact requests, the Care Facility will provide him/her with any information listed in the Contact Plan, and assist to request the transfer of the deceased. This may include notifying the designated Funeral Provider of the death and providing the information available in the Contact Plan.
- (iii) Under the CIFSA, the Funeral Provider is responsible for obtaining permission from the authorized client representatives to transfer the deceased from the care facility to the funeral home.

2.2.2. No relative or next of kin can be contacted:

- (i) In the event that the Care Facility and Funeral Provider have been unable to contact the Client's nearest relative or next of kin, and where the Client has indicated on the Contact Plan that a representative of the Care Facility is an appropriate contact under section 5 of CIFSA, a representative of the care Facility may be recognized by the Funeral Provider

as being able to authorize the transfer of the deceased client to the appropriate funeral home, as “an adult who has a personal or kinship relationship with the Client.

- (ii) Where no authorizing relative is named or known, a representative of the Care Facility may act as an “adult with a personal or kinship relationship with the deceased” for the purposes of initiating the transfer.

Responsibilities

2.3.1. Members of the Client’s Care Team

- a. Will initiate conversation with the Client (and/or Client’s family where necessary or desired by the Client), and the most appropriate person on the Client’s care team about the Client’s after death wishes, as soon after admission as possible; and
- b. Document the wishes of the Client (and/or Client’s family where necessary or desired by the Client) on the Contact Plan.

2.3.2. Care Facility Managers or Delegates

- a. Ensure that a Contact Plan is completed for Clients admitted to the facility.
- b. Contact the family members (as per the hierarchy on the Contact Plan) when the Client dies and confirm the arrangements with the Funeral Provider as per the Contact Plan.
- c. Contact the Funeral Provider and provide the contact information for the Client as per the Contact Plan.
- d. Where no contacts are available, and where indicated on the Client’s Contact Plan, may act as an adult with a personal or kinship relationship with the Client, and authorize the Funeral Home to transfer the Client to the Funeral Home as per Section 5(1)(k) of the CIFSA.
- e. Where no Contact Plan is in place and no contacts are available, initiate contact with either the Office of the Public Guardian or the Ministry of Social Development and Social Innovation, as appropriate.

Compliance

It will be up to the managers of each Care Facility to monitor compliance with this policy, and to ensure that a Contract Plan is kept on file for each Care Facility Client.

Related Policies

None

Keywords

Residential Care, Deceased, Transfer, Funeral Home, End of Life Care.

Definitions

“**Client**” means a resident of a Care Facility.

“**Care Facility**” means all Residential Care, Assisted Living and Supported Housing Sites.

“**Funeral Provider**” means a person who carries on the business of providing funeral services.

Appendix A

CIFS Act Section 5(1) List of Contacts:

5(1) The right of a person to control the disposition of the human remains or cremated remains vests in, and devolves on, the following persons in order of priority:

- (a) The personal representative named in the will of the deceased;
- (b) The spouse of the deceased;
- (c) An adult child of the deceased;
- (d) An adult grandchild of the deceased;
- (e) If the deceased was a minor, a person who was a guardian who had care and control of the deceased at the date of death;
- (f) A parent of the deceased;
- (g) an adult sibling of the deceased;
- (h) An adult nephew or niece of the deceased;
- (i) An adult next of kin of the deceased, determined on the basis provided by sections 89 and 90 of the Estate Administration Act;
- (j) The minister of the Employment and Assistance Act or, if the official administrator under the Estate Administration Act is administering the estate of the deceased under that Act, the official administrator;
- (k) An adult person having a personal or kinship relationship with the deceased, other than those referred to in paragraphs (b) to (d) and (f) to (i).

Resident/Client Label

Appendix B

My Funeral Arrangements Contact Plan

I direct that at the time of my death, the _____ (Residential Care Facility) is to make contact with one of the following individuals to provide direction concerning my funeral services arrangements.

I understand and agree that the _____ (Residential Care Facility) may provide this contact information to the funeral services provider to make contact to proceed with arrangements.

I authorize the _____ (Residential Care Facility) to provide this contact list to the following funeral service provider to begin/provide preliminary services, further planning to be completed by my family or friends, as set out below.

I ___ have ___ have not made pre-arrangements with this funeral services provider.

My near relatives and others with a personal relationship, who are to be contacted to discuss funeral services arrangements (if list is longer then please attach a separate sheet):

Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____
Funeral Service Provider: _____ Contact Name: _____ Phone _____ Address: _____

In the event that none of my near relatives or friends listed above is able to be contacted in a timely manner, I understand and agree that a representative of _____ (Residential Care Facility) will be considered to be in a personal relationship with me, so that preliminary services may begin.

Signature of Resident or Substitute Decision Maker _____ Date _____